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# Texas State Board of Examiners of Psychologists

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## Application Materials for Licensed Psychological Associate

*Please check to make sure you have all of the following documents before completing your application.*

- ☐ - LPA Checklist
- ☐ - LPA Application Form
- ☐ - Instructions to Applicants for Obtaining Fingerprint Criminal Record Checks
- ☐ - FAST Fingerprint Pass Form – For use by In-State Applicants Only\*
- ☐ - FAST Fingerprint Pass Form – For use by Out-of-State Applicants\*
- ☐ - Reference Letter and Documentation of Experience Form
- ☐ - Fee Schedule\*

\*Items denoted with asterisks must be downloaded from the Board's website at [www.tsbep.texas.gov/form-bank](http://www.tsbep.texas.gov/form-bank), or obtained directly from the Board.

## **Checklist for Application For Licensure as a Psychological Associate**

- I. To ensure that your application for licensure as a psychological associate is processed as efficiently as possible, please submit the following to the Texas State Board of Examiners of Psychologists:
- A. Completed application form (a vita is not a satisfactory substitute). Include complete names and addresses of supervisors. Also, sign the last page of the form.
  - B. Application Fee: A fee of \$190 (non-refundable), payable to the Texas State Board of Examiners of Psychologists (T.S.B.E.P.), to cover the cost of the Board's consideration of your request for licensure.
  - C. Descriptive Information: when your degree is not from a psychology department. Such information should include course descriptions; credentials of the faculty who taught the courses, including their full names; textbooks used; and other relevant information that would enable the Board to review your education.
  - D. Three (3) acceptable reference letters. The applicant is responsible for securing his/her own reference letters from those persons identified on the application forms as references. Three original reference letters must be included with the application form sent to the Board by the applicant. Two of these references must be licensed as psychologists by the psychology licensing board in the appropriate jurisdiction. The third reference must either be licensed as a psychologist or be a professor of psychology at a college/university. Current Board members may not be used as references. Before mailing/delivering the form to the licensed psychologist, the applicant should neatly type or print the name and address of the licensed psychologist, as well as his/her own name as the applicant. Please note: One of the reference letters must verify the required 450 hours of practicum.
  - E. Official Transcript(s) for all post-baccalaureate work. The transcript(s) must be sent directly from your school(s), and must show the date the degree was conferred.
  - F. DPS/FBI fingerprint criminal history record checks. In accordance with the separate instruction sheet, obtain a full state and federal criminal history record check by submitting your fingerprints to the vendor, MorphoTrust USA.

Items A, B, C, and D must be received in the Board office as a complete packet to begin processing your application. Applications not including these items will not be accepted. Items E (transcripts) and F can be received at a later time. However, do not delay in ordering these items to avoid a delay in processing your application.

- II. Some information about the procedure may be helpful:

- A. All required information (Board Rule §463.8) for your application file must be in the Board's office for your file to be complete so that it can be reviewed, i.e., all reference letters, transcripts, scores, etc.. Your completion of the application is only the beginning of the process. It is your responsibility to call the Board office to determine whether all required information has been received.
  - B. After your application file is complete and has been reviewed, the Board requires approximately six weeks to communicate its decision to you in writing.
- III. There are two (2) items which require special attention:
- A. If you do not use this application form within the next three months, please check with the Board office to make sure information provided in this letter is still current (i.e., application form, etc.).
  - B. Board Rule §463.2 states an incomplete application remains in the active file for ninety (90) days, at the end of which time, if still incomplete, it is void.

An applicant for licensure may not apply to sit for or submit examination fees for the Board's written examinations until he/she has been approved by the Board. Once an applicant has been approved to sit for the Board's written examinations, he/she will receive official notification from the Board containing instructions on how to apply for each examination.

PLEASE CHECK OVER THIS ENTIRE CHECKLIST BEFORE SUBMITTING YOUR APPLICATION TO AVOID ANY DELAYS IN THE APPLICATION PROCEDURE.



**TEXAS STATE BOARD OF EXAMINERS  
OF PSYCHOLOGISTS**

333 Guadalupe, Suite 2-450  
Austin, Texas 78701  
(512) 305-7700

Official Use Only

APPLICATION FOR:  
(CHECK ONE)

- ☐ **Provisional Licensure as a Psychologist, Rule 463.10(b)(1)**  
☐ **Provisional Licensure as a Psychologist, Rule 463.10(b)(2)\***  
☐ **Provisional Licensure as a Psychologist, Rule 463.10(c)**  
☐ **Psychological Associate Licensure, Rule 463.8**

**PLEASE PRINT OR TYPE**

- A. Name \_\_\_\_\_  
First Middle Last Degree
- B. E-mail address \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- C. Mailing Address \_\_\_\_\_  
Street or P.O. Box City State ZIP
- D. Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_\_) \_\_\_\_\_
- E. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
mo-day-yr City County State
- F. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_
- G. Have you taken the Examination for Professional Practice in Psychology? \_\_\_\_\_ If yes,  
When \_\_\_\_\_ Where \_\_\_\_\_ Your Score \_\_\_\_\_  
mo-day-yr
- Have you taken the Texas Board's Jurisprudence Examination? \_\_\_\_\_ If yes,  
When \_\_\_\_\_ Your Score \_\_\_\_\_  
mo-day-yr
- H. Indicate if you hold any of the following current credentials:
- \_\_\_\_\_ American Board of Professional Psychology (ABPP)  
Date Granted: \_\_\_\_\_ Specialty: \_\_\_\_\_
- \_\_\_\_\_ Certificate of Professional Qualification in Psychology (CPQ)  
Date Granted: \_\_\_\_\_
- \_\_\_\_\_ National Register Health Service Provider  
Date Granted: \_\_\_\_\_

If applying under Board Rule 463.10(b)(2), please submit all supporting documentation clearly labeled for each section of the rule.

- I. If you have a disability or impairment which will necessitate special accommodations, facilities or procedures during the administration of the examination(s), please specify your condition **in writing** when submitting your application. Your request for special accommodations, facilities or procedures **must be accompanied by a physician's certification of your condition.**

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- J. Degree Earned: \_\_\_\_\_  
Degree Granting Institution: \_\_\_\_\_  
Area of Training: \_\_\_\_\_  
Title or Program: \_\_\_\_\_  
Date Degree Granted: \_\_\_\_\_  
month-day-year

- K. Type of Degree: (select one)
- \_\_\_\_\_ 1. Doctoral Degree in Psychology.
- \_\_\_\_\_ 2. The substantial equivalent of a doctoral degree in psychology in both subject matter and extent of training obtained prior to January 1, 1979.
- \_\_\_\_\_ 3. A degree from a country other than the United States (if so, submit documentation which satisfies the requirements of Board Rule 463.25).
- \_\_\_\_\_ 4. Master's Degree in Psychology.
- \_\_\_\_\_ 5. Master's Degree in Other than Psychology.

- L. Master's Degree Information:
1. Committee Chair or Graduate Advisor's Name \_\_\_\_\_
2. Title of Master's Thesis (if applicable): \_\_\_\_\_

- M. Doctoral Degree Information (if applicable):
1. Committee Chair/Advisor's Name \_\_\_\_\_
2. Doctoral Dissertation Committee \_\_\_\_\_

Full Name	Department	Current Address	Licensed Psychologist (Yes or No)


- N.     Psychological Associate Licensure Applicants only (requirements of Rule 463.8)
1.     List all courses, other than practicum and those clearly prefixed as “psychology” on your transcript, which you wish to be considered for the 27 hours of psychology required in Board Rule 463.8.

University/College	Course Prefix (e.g. Psy 301)	Descriptive Course Title	Semester Credit Hours	Instructor's Full Name	Licensed or Provisionally Licensed Psychologist (Yes or No)

2. Indicate four hundred fifty (450) hours of practicum or experience as required in Board Rule 463.8.

a. Site and address of practicum/work experience\_\_\_\_\_

\_\_\_\_\_

b. Dates of practicum/work experience\_\_\_\_\_ to \_\_\_\_\_  
mo - day - yr mo - day - yr

c. Hours you worked per week\_\_\_\_\_

d. Indicate name and current address of supervisor(s) who will document 450 hours of supervision.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Was supervisor a licensed psychologist? YES\_\_\_\_\_NO\_\_\_\_\_

f. In what state was supervisor licensed?\_\_\_\_\_

g. On what date was supervisor licensed?\_\_\_\_\_

O. Please provide a chronology of all your education, training, internships and employment since enrolling in your master's or doctoral program. If there are any gaps in the chronology, please explain. Use extra pages if necessary. (Do **NOT** send vitae or resumes.)

*	Name of Facility & Address	Dates	Supervisor's Name (if applicable)	Description of education, internship, training or employment

\*Indicate if this internship or experience will be submitted to the Board at a later time as part of the application for licensure as a psychologist to fulfill the requirements for supervised experience per Board rule 463.11.

P. Other Certification, License, or Pending Application

Have you ever been certified and/or licensed as a psychologist in this or any other state/province?

\_\_\_\_\_

If yes, please provide the following information (use extra pages if necessary):

1. Credentialed as \_\_\_\_\_
  - a. Jurisdiction where credentialed \_\_\_\_\_  
Date Credentialed \_\_\_\_\_ Credential Number \_\_\_\_\_  
Expiration date of current credential \_\_\_\_\_  
mo - day - yr
  - b. With master's or specialist's degree \_\_\_\_\_ doctoral degree \_\_\_\_\_
  - c. Name of credentialing agency \_\_\_\_\_
  - d. Address of credentialing agency \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_  
City State/Province Zip
  - e. Has any complaint ever been filed against this credential? \_\_\_\_\_
  - f. If so, state nature and resolution of this complaint (Use extra pages if necessary).  
\_\_\_\_\_
2. Do you have another application for licensure with this Board currently pending?

\_\_\_\_\_ If yes, what type of application is it? \_\_\_\_\_

Q. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction?

\_\_\_\_\_ If yes, please attach an explanation and supporting legal documents for each separate incident.

R. Have you ever practiced psychology without a license or exemption in the this or any other jurisdiction?

\_\_\_\_\_ If yes, please attach an explanation.

S. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in this or any other jurisdiction?

\_\_\_\_\_ If yes, please attach an explanation.



- T. Is there any reason why you are not physically or mentally competent to render psychological services with reasonable skill, safety and competency?  
\_\_\_\_\_ If yes, please attach an explanation.
- U. Do you use drugs or intoxicating liquors to an extent that affects your professional competency?  
\_\_\_\_\_ If yes, please attach an explanation.
- V. Is there any action pending against you or against any mental health license that you hold in this or any other jurisdiction?  
\_\_\_\_\_ If yes, please attach an explanation.
- W. Have you ever had any professional license to practice in a mental health profession refused or denied, suspended, revoked, canceled, or otherwise disciplined?  
\_\_\_\_\_ If yes, please attach an explanation and a copy of pertinent orders/decisions.
- X. Current Employment
1. Employer's Name \_\_\_\_\_
  2. Employer's Address \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  3. Hours you worked per week \_\_\_\_\_ Job Title \_\_\_\_\_
  4. Date employment began \_\_\_\_\_
  5. Psychological Services being provided \_\_\_\_\_
  6. Supervisor's Name \_\_\_\_\_
  7. Supervisor's Credentials (check one) ☐ Provisionally Licensed Psychologist  
☐ Licensed Psychologist  
☐ Neither
  8. Jurisdiction where supervisor licensed \_\_\_\_\_
  9. Current title/position of supervisor \_\_\_\_\_
  10. Supervisor's Address \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  11. Will this employment be submitted to the Board at a later time as part of the application for licensure as a psychologist to fulfill the requirements for supervised experience per Board rule 463.11?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Y. Are you presently providing psychological services in Texas?\_\_\_\_\_ If yes, are you:  
(Please check one)

☐ Currently licensed by this Board? \_\_\_\_\_ If so, state type of license \_\_\_\_\_

☐ Employed in a statutorily exempt agency as defined in Section 501.004 of the Psychologists' Licensing Act.

If so, state name of agency \_\_\_\_\_

☐ Completing requirements for licensure as a psychologist per Board rule 463.11.

#### PERSONAL ACKNOWLEDGMENT

I acknowledge that the information contained in this application is true and correct.

In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

Warning: Pursuant to Tex. Educ. Code Ann. ' 57.491, a license issued by this Board may not be renewed if the licensee is in default of either a loan guaranteed by the Texas Guaranteed Student Loan Corporation or a repayment agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Instructions to Applicants for Obtaining Fingerprint Criminal Record Checks**

**NOTE:** A Texas Department of Public Safety (DPS)/FBI fingerprint criminal history record check that shows any criminal record of the applicant is valid for six (6) months only. If licensure is not obtained within six months, the applicant will be required to obtain a new DPS/FBI fingerprint criminal record check as a condition for licensure.

Unfortunately, the Board is not permitted to receive or utilize fingerprint criminal history checks performed for other governmental entities. Thus, an applicant will need to undergo a fingerprint criminal history check, regardless of whether he/she has undergone one recently for another governmental entity. However, applicants who currently hold a license issued by this agency and underwent a fingerprint criminal history record check as part of the licensing process for that license do not need to undergo another check.

### **Required for Texas Applicants:**

#### **Process for Obtaining Fingerprint Criminal Record Checks**

Applicants for licensure with the Texas State Board of Examiners of Psychologists (TSBEP) who reside in Texas are required to obtain fingerprint criminal record checks through the Fingerprint Applicant Service of Texas (FAST). This is a DPS program that provides electronic capture and submission of your fingerprints, and is the fastest and highest quality option available. Applicants should complete the Applicant Information Section of the *In-State Applicant FAST Fingerprint Pass* form available for download from the Board's website, then contact the FAST vendor, MorphoTrust USA (888-467-2080 or visit <http://www.identogo.com>), to schedule an appointment at one of the 70 vendor sites in Texas. The vendor will collect the total payment of \$41.50 and forward the electronic fingerprints to DPS.

An applicant for licensure may wish to complete his or her appointment for a fingerprint check before submitting an application for licensure to the Board to avoid any possible delay in processing their licensure application caused by the Board not receiving the criminal history report.

### **Required for Out-of-State Applicants:**

#### **Process for Obtaining Fingerprint Criminal Record Checks**

Applicants for licensure with the Texas State Board of Examiners of Psychologists (TSBEP) who do not reside in Texas are required to obtain fingerprint criminal record checks for licensure.

Persons wishing to become licensed in Texas are encouraged to obtain their fingerprint criminal record check BEFORE they apply for licensure with the Board in order to avoid a delay in the processing of their license applications. The out-of-state applicant should make a request in writing to the Board to obtain the required out-of-state applicant fingerprint criminal record check packet. There is no charge for this fingerprint packet. The packet will include the

fingerprint card to obtain the manual fingerprints, an instruction sheet about the process, an *Out-of-State License Applicant FAST Fingerprint Pass*, and an envelope addressed to the Texas vendor, MorphoTrust USA. Per the instructions, the applicant must take the fingerprint card to a law enforcement agency in the applicant's state. Be prepared to pay a fee for having your fingerprints taken, as some agencies do charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must also be signed by a law enforcement official in the appropriate block. Please follow the directions on the form and provide all information requested except for the following: Your No.; FBI No.; Armed Forces No.; Miscellaneous No.; or Reason Fingerprinted.

After your fingerprints have been taken, please return the completed fingerprint card in the envelope provided, along with the completed *Out-of-State License Applicant FAST Fingerprint Pass*, and if you choose not to pay online, a check or money order made payable to MorphoTrust USA in the amount of \$41.50. The vendor forwards your digitized manual fingerprints to DPS.

# TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450  
Austin, Texas 78701  
(512) 305-7700

## Reference Letter and Documentation of Experience for Licensure as a Psychological Associate

Name and Address of Licensed Psychologist

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After completing and signing this reference form, please return it to the applicant. This form must be submitted by the application for licensure.

Applicant Name (Please Print): \_\_\_\_\_

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If **NO**, please sign this section and return to the applicant.

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

b. If **YES**, please complete the following about yourself:

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Area of doctoral level training/education in psychology:

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Current Job Position: \_\_\_\_\_

Please give date(s) of your licensure at the time that you supervised or knew the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? (Where possible please give specific dates, e.g. January 1, 1984 to September 15, 1985).

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3. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

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4. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

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5. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

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7. Do you feel the applicant is physically and mentally competent to render psychological services as a psychological associate? Yes \_\_\_\_\_ No \_\_\_\_\_

If **NO**, please attach letter of explanation.

8. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes\_\_\_\_\_ No\_\_\_\_\_

If **YES** please attach letter of explanation.

9. If you supervised the applicant in any professional setting please respond to the following questions:

a. Did the applicant receive supervision within those areas of your training, knowledge, and skill? Yes\_\_\_\_\_ No\_\_\_\_\_

b. Did the applicant have the background, training and experience appropriate to the functions performed? Yes\_\_\_\_\_ No\_\_\_\_\_

c. Was a verification of your supervision for the applicant listed on your license renewal on file in the Board's office? (If applicable)  
Yes\_\_\_\_\_ No\_\_\_\_\_

d. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

Beginning Date:\_\_\_\_\_ Ending Date:\_\_\_\_\_  
Month/Day/Year Month/Day/Year

e. How many hours per week did the applicant work under your supervision during the above time period?

\_\_\_\_\_

f. How many hours per week of direct (one-to-one) supervision did you provide to the applicant?

\_\_\_\_\_

g. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements? Yes\_\_\_\_\_ No\_\_\_\_\_

h. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes\_\_\_\_\_ No\_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Psychologist

\_\_\_\_\_  
Date

Please return this completed form to the applicant.